

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Hoyer's Majority Fund

ADDRESS (number and street) 700 13th Street NW

Check if different than previously reported. (ACC) Suite 600

Washington DC 20005

2. **FEC IDENTIFICATION NUMBER ▼** C00513002 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Amy Pritchard

Signature of Treasurer Amy Pritchard *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Hoyer's Majority Fund

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="15500.00"/>	<input type="text" value="15500.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6500.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="89850.00"/>	<input type="text" value="290696.51"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="96350.00"/>	<input type="text" value="306196.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75850.00"/>	<input type="text" value="285696.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20500.00"/>	<input type="text" value="20500.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Hoyer's Majority Fund

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12350.00	122501.51
(ii) Unitemized	0.00	695.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12350.00	123196.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	77500.00	167500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	89850.00	290696.51
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	89850.00	290696.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	89850.00	290696.51

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	26278.87	70339.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	26278.87	70339.69
22. Transfers to Affiliated/Other Party Committees.....	49571.13	215356.82
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	75850.00	285696.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75850.00	285696.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	89850.00	290696.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89850.00	290696.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	26278.87	70339.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	26278.87	70339.69

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)
A. Wiley Rein, LLP

Mailing Address 1776 K St NW

City Washington State DC Zip Code 20006-2304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 12 / 2014
Transaction ID : VNVNKCHBWD0

Amount of Each Receipt this Period
500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Anna Rose Medley

Mailing Address 19 Forest Gln

City Chapel Hill State NC Zip Code 27517-8939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of North Carolina Assistant to the Chancellor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 25 / 2014
Transaction ID : VNVNKD279M0

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Cory B Alexander

Mailing Address 4203 Bradley Ln

City Chevy Chase State MD Zip Code 20815-5234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UnitedHealth Group Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
09 / 17 / 2014
Transaction ID : VNVNKCY124

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)
A. Stacey F. Bernards

Mailing Address 2950 Davenport St NW

City Washington State DC Zip Code 20008-2165

FEC ID number of contributing federal political committee. **C**

Name of Employer Honeywell International, Inc. Occupation Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2014

Transaction ID : VNVNKCMBE5

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. John M. Gonzalez

Mailing Address 1300 Connecticut Ave NW

City Washington State DC Zip Code 20036-1703

FEC ID number of contributing federal political committee. **C**

Name of Employer Peck, Medigan, Jones & Stewart Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : VNVNKCZ7T86

Amount of Each Receipt this Period
2600.00

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)
C. ActBlue

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2014

Transaction ID : VNVNKCZ7T86E

Amount of Each Receipt this Period
2600.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	3100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)
A. Marlene M. Kaufmann

Mailing Address 10800 Whiterim Dr

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Commission on Security and Cooperation Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : VNVNKCYPG6

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Morton Fungler

Mailing Address 1650 Tysons Blvd Ste 820

City Mc Lean State VA Zip Code 22102-4844

FEC ID number of contributing federal political committee. **C**

Name of Employer RMJ Development Group Occupation Real Estate Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2014

Transaction ID : VNVNKCZM137

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Tim Yehl

Mailing Address 228 E St NE

City Washington State DC Zip Code 20002-4923

FEC ID number of contributing federal political committee. **C**

Name of Employer Tim Yehl Consulting Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : VNVNKCANNR9

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	12350.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)
A. American Speech-Language-Hearing Association PAC

Mailing Address 2200 Research Blvd

City State Zip Code
 Rockville MD 20850-3289

FEC ID number of contributing federal political committee. **C** C00210666

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 09 / 22 / 2014
Transaction ID : VNVNKCZM230

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
B. The Scotts Miracle-Gro Company Stewardship PAC

Mailing Address 14111 Scottslawn Rd

City State Zip Code
 Marysville OH 43040-7800

FEC ID number of contributing federal political committee. **C** C00365254

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 22 / 2014
Transaction ID : VNVNKCZM450

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Americans for the Arts Action Fund PAC

Mailing Address 1000 Vermont Ave NW
 Ste 600

City State Zip Code
 Washington DC 20005-4940

FEC ID number of contributing federal political committee. **C** C00410126

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 07 / 25 / 2014
Transaction ID : VNVNKCCK850

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial) A. Airlines for America PAC		Date of Receipt
Mailing Address 1301 Pennsylvania Ave NW Ste 1100		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004-1738
FEC ID number of contributing federal political committee. C C00114694		Transaction ID : VNVNKCYM1F0
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) B. Aircraft Owners & Pilots Association PAC		Date of Receipt
Mailing Address 421 Aviation Way		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Frederick	State MD	Zip Code 21701-4756
FEC ID number of contributing federal political committee. C C00131185		Transaction ID : VNVNKCDVCS0
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) C. Procter & Gamble Company Good Government Fund		Date of Receipt
Mailing Address 1 Procter And Gamble Plz		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Cincinnati	State OH	Zip Code 45202-3393
FEC ID number of contributing federal political committee. C C00257329		Transaction ID : VNVNKD2M2F1
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)
A. Clear Channel Communications, Inc. PAC

Mailing Address 200 E Basse Rd

City San Antonio State TX Zip Code 78209-8328

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : VNVNKD27AG1

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. National Association of Health Underwriters PAC

Mailing Address 1212 New York Ave NW Ste 1100

City Washington State DC Zip Code 20005-3987

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : VNVNKCZ7SJ2

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. American Insurance Association PAC

Mailing Address 2101 L St NW Ste 400

City Washington State DC Zip Code 20037-1542

FEC ID number of contributing federal political committee. **C** C00103143

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : VNVNKCZM1M2

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	9500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)
A. Rite Aid Corporation PAC

Mailing Address 30 Hunter Ln

City State Zip Code
Camp Hill PA 17011-2400

FEC ID number of contributing federal political committee. **C C00104083**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
09 / 30 / 2014
Transaction ID : VNVNKD2M1P3

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
B. Parsons Corporation PAC

Mailing Address 100 W Walnut St
T-1110

City State Zip Code
Pasadena CA 91124-0001

FEC ID number of contributing federal political committee. **C C00103549**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
09 / 08 / 2014
Transaction ID : VNVNKCXSPQ3

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. McGuireWoods LLP PAC

Mailing Address 1 James Ctr
901 East Cary Street

City State Zip Code
Richmond VA 23219-4089

FEC ID number of contributing federal political committee. **C C00225342**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
09 / 19 / 2014
Transaction ID : VNVNKCZM3T3

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial) A. Retail Industry Leaders Association PAC		Date of Receipt
Mailing Address 1700 N Moore St Ste 2250		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City Arlington	State VA	Zip Code 22209-1933
FEC ID number of contributing federal political committee. C C00112763	Transaction ID : VNVNKCG3P34	
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. Financial Services Roundtable PAC		Date of Receipt
Mailing Address 1001 Pennsylvania Avenue NW Suite 500 South		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004-2505
FEC ID number of contributing federal political committee. C C00193177	Transaction ID : VNVNKCHBWB4	
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. Depository Trust & Clearing Corporation PAC		Date of Receipt
Mailing Address 1455 Pennsylvania Ave NW Ste 725		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004-1036
FEC ID number of contributing federal political committee. C C00497917	Transaction ID : VNVNKCYWYF4	
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="12500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)
A. United Food & Commercial Workers Union Active Ballot Club

Mailing Address 1775 K St NW

City Washington State DC Zip Code 20006-1521

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : VNVNKD27B15

Amount of Each Receipt this Period
8000.00

Full Name (Last, First, Middle Initial)
B. American Gastroenterological Association, Inc. PAC

Mailing Address 4926 Del Ray Ave

City Bethesda State MD Zip Code 20814-2512

FEC ID number of contributing federal political committee. **C** C00423228

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : VNVNKD2M175

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Teva Pharmaceuticals USA, Inc. PAC

Mailing Address 25 Massachusetts Ave NW
Ste 440

City Washington State DC Zip Code 20001-7402

FEC ID number of contributing federal political committee. **C** C00434811

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : VNVNKCDK8C5

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial) A. Cardtronics Inc. PAC		Date of Receipt
Mailing Address 3250 Briarpark Dr Ste 400		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Houston	State TX	Zip Code 77042-4462
FEC ID number of contributing federal political committee. C C00553495		Transaction ID : VNVNKCZM2M5
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) B. American Association of Nurse Anesthetists CRNA PAC		Date of Receipt
Mailing Address 222 S Prospect Ave		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City Park Ridge	State IL	Zip Code 60068-4037
FEC ID number of contributing federal political committee. C C00173153		Transaction ID : VNVNKCXN8Z5
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		

Full Name (Last, First, Middle Initial) C. Astellas US LLC PAC		Date of Receipt
Mailing Address 1 Astellas Way		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Northbrook	State IL	Zip Code 60062-6111
FEC ID number of contributing federal political committee. C C00444885		Transaction ID : VNVNKCEP407
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

A. GlaxoSmithKline LLC PAC

Full Name (Last, First, Middle Initial)
Mailing Address 5 Moore Dr

City Research Triangle Park State NC Zip Code 27709-0183

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 29 / 2014
Transaction ID : VNVNKD2M277

Amount of Each Receipt this Period
1000.00

B. Qualcomm Incorporated PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1730 Pennsylvania Ave NW Ste 850

City Washington State DC Zip Code 20006-4724

FEC ID number of contributing federal political committee. **C** C00339085

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 22 / 2014
Transaction ID : VNVNKCZC3Z7

Amount of Each Receipt this Period
1000.00

C. HSBC North America PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1401 I St NW Ste 520

City Washington State DC Zip Code 20005-2213

FEC ID number of contributing federal political committee. **C** C00033423

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
07 / 15 / 2014
Transaction ID : VNVNKCAZAP8

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)
A. PAC of the American Association of Orthopaedic Surgeons
 Mailing Address 317 Massachusetts Ave NE
 FI 1
 City Washington State DC Zip Code 20002-5769
 FEC ID number of contributing federal political committee. **C** C00343137
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : VNVNKD27AV8
 Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
B. American Association of Nurse Practitioners PAC
 Mailing Address PO Box 12846
 City Austin State TX Zip Code 78711-2846
 FEC ID number of contributing federal political committee. **C** C00358903
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : VNVNKCZ7SB9
 Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
C. Alliance of Automobile Manufacturers, Inc. PAC
 Mailing Address 803 7th St NW
 Suite 300
 City Washington State DC Zip Code 20001-3717
 FEC ID number of contributing federal political committee. **C** C00516526
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : VNVNKCAX1K9
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

A. United Steel Workers Political Action Fund

Full Name (Last, First, Middle Initial)
Mailing Address Five Gateway Center

City Pittsburgh State PA Zip Code 15222

FEC ID number of contributing federal political committee. **C** C00003590

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : VNVNKCDVCY9

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	77500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2014

Transaction ID : VNTPB9N2700

Amount of Each Disbursement this Period

1963.04

Category/
Type

Full Name (Last, First, Middle Initial)

B. Ruth's Chris Steak House

Mailing Address 724 9th St NW

City Washington State DC Zip Code 20001-4505

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2014

Transaction ID : VNTPB9N2717

Amount of Each Disbursement this Period

1963.04

Category/
Type

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)

C. Perkins Coie, LLP

Mailing Address 1201 3rd Ave
FI 40

City Seattle State WA Zip Code 98101-3029

Purpose of Disbursement
Legal & Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2014

Transaction ID : VNTPB9MZ3N1

Amount of Each Disbursement this Period

320.70

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2283.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)

A. Citi Business Card

Mailing Address PO Box 688915

City Des Moines State IA Zip Code 50368-8915

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	4		

Transaction ID : VNTPB9PC8Q1

Amount of Each Disbursement this Period

1	6	3	8	.	7	2
---	---	---	---	---	---	---

Category/
Type

Full Name (Last, First, Middle Initial)

B. Hotel George

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001-1595

Purpose of Disbursement
Catering & Room Rental

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	4		

Transaction ID : VNTPB9PC8R9

Amount of Each Disbursement this Period

1	6	3	8	.	7	2
---	---	---	---	---	---	---

Category/
Type

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)

C. Citi Business Card

Mailing Address PO Box 688915

City Des Moines State IA Zip Code 50368-8915

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	6			2	0	1	4		

Transaction ID : VNTPB9NWEV1

Amount of Each Disbursement this Period

4	9	4	2	.	6	9
---	---	---	---	---	---	---

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6	5	8	1	.	4	1
---	---	---	---	---	---	---

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)

A. Fiola Restaurant

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2601

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2014

Transaction ID : VNTPB9NWEW9

Amount of Each Disbursement this Period

4942.69

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Mastercard

Mailing Address PO Box 182156

City Columbus State OH Zip Code 43218-2156

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : VNTPB9N82S3

Amount of Each Disbursement this Period

1285.29

Full Name (Last, First, Middle Initial)

C. Hotel George

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001-1595

Purpose of Disbursement
Catering & Room Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : VNTPB9N82T1

Amount of Each Disbursement this Period

1285.29

[MEMO ITEM]

*

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1285.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)

A. First Data Merchant Services

Mailing Address 6200 S Quebec St

City Greenwood Village State CO Zip Code 80111-4729

Purpose of Disbursement
Merchant Service Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : VNTPB9MSHN4

Amount of Each Disbursement this Period

9.10

Full Name (Last, First, Middle Initial)

B. Perkins Coie, LLP

Mailing Address 1201 3rd Ave
FI 40

City Seattle State WA Zip Code 98101-3029

Purpose of Disbursement
Legal & Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2014

Transaction ID : VNTPB9P6RY4

Amount of Each Disbursement this Period

983.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : VNTPB9N26Y4

Amount of Each Disbursement this Period

829.78

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1821.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)

A. Hotel George

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001-1595

Purpose of Disbursement
Catering & Room Rental

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	5		2	0	1	4		

Transaction ID : VNTPB9N26Z2

Amount of Each Disbursement this Period

8	2	9	.	7	8
---	---	---	---	---	---

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Citi Business Card

Mailing Address PO Box 688915

City Des Moines State IA Zip Code 50368-8915

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				2	6		2	0	1	4		

Transaction ID : VNTPB9NWES5

Amount of Each Disbursement this Period

2	1	1	.	8	3	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Tosca

Mailing Address 1112 F Street, NW

City Washington State DC Zip Code 20002

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				2	6		2	0	1	4		

Transaction ID : VNTPB9NWET3

Amount of Each Disbursement this Period

2	1	1	.	8	3	5
---	---	---	---	---	---	---

[MEMO ITEM]

*

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2	1	1	.	8	3	5
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2	1	1	.	8	3	5
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)

A. Citi Business Card

Mailing Address PO Box 688915

City Des Moines State IA Zip Code 50368-8915

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : VNTPB9PC8T5

Amount of Each Disbursement this Period

961.88

Full Name (Last, First, Middle Initial)

B. Hotel George

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001-1595

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : VNTPB9PC8V3

Amount of Each Disbursement this Period

961.88

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)

C. Citi Business Card

Mailing Address PO Box 688915

City Des Moines State IA Zip Code 50368-8915

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : VNTPB9PA396

Amount of Each Disbursement this Period

2448.55

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3410.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)

A. Tosca

Mailing Address 1112 F Street, NW

City Washington State DC Zip Code 20002

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Transaction ID : VNTPB9PA3B2

Amount of Each Disbursement this Period

2	4	4	8	.	5	5
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[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address 6200 S Quebec St

City Greenwood Village State CO Zip Code 80111-4729

Purpose of Disbursement
Merchant Service Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	4

Transaction ID : VNTPB9MSHM6

Amount of Each Disbursement this Period

2	7	0	.	1	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Mastercard

Mailing Address PO Box 182156

City Columbus State OH Zip Code 43218-2156

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	4

Transaction ID : VNTPB9N82Q7

Amount of Each Disbursement this Period

1	0	1	2	.	8	6
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	2	8	3	.	0	2
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)

A. Hotel George

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001-1595

Purpose of Disbursement
Catering & Room Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : VNTPB9N82R5

Amount of Each Disbursement this Period

1012.86

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Citi Business Card

Mailing Address PO Box 688915

City Des Moines State IA Zip Code 50368-8915

Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : VNTPB9PC8M8

Amount of Each Disbursement this Period

5578.65

Full Name (Last, First, Middle Initial)

C. The Capital Grille

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2601

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : VNTPB9PC8N5

Amount of Each Disbursement this Period

5578.65

[MEMO ITEM]

*

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5578.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)

A. NGP VAN, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Database & Website Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2014

Transaction ID : VNTPB9N8V59

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

B. Perkins Coie, LLP

Mailing Address 1201 3rd Ave
FI 40

City Seattle State WA Zip Code 98101-3029

Purpose of Disbursement
Legal & Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : VNTPB9PGNF9

Amount of Each Disbursement this Period

668.60

Full Name (Last, First, Middle Initial)

C. Perkins Coie, LLP

Mailing Address 1201 3rd Ave
FI 40

City Seattle State WA Zip Code 98101-3029

Purpose of Disbursement
Legal & Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : VNTPB9NHQM9

Amount of Each Disbursement this Period

724.80

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1768.40

26131.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hoyer's Majority Fund

Full Name (Last, First, Middle Initial)

A. AMERIPAC: The Fund for A Greater America

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement
Transfer of Joint Fundraising Proceeds

Transaction ID : VNTPB9PGNJ3

Amount of Each Disbursement this Period

2	2	9	9	8	.	5	2
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Candidate Name

AMERIPAC: The Fund for A Greater America

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Hoyer for Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement
Transfer of Joint Fundraising Proceeds

Transaction ID : VNTPB9PGNH5

Amount of Each Disbursement this Period

2	6	5	7	2	.	6	1
---	---	---	---	---	---	---	---

Candidate Name

Steny Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District: 05

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4	9	5	7	1	.	1	3
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4	9	5	7	1	.	1	3
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